

**INSTRUCTIONS :**

FAX APPLICATION TO  
**281-275-2271**  
 FOR APPROVAL  
 PERMIT DEPARTMENT  
 WILL  
 CALL WHEN APPROVED  
 AND  
 READY TO ISSUE.

**CITY OF SUGAR LAND**

**Please Note: Proposed  
 occupancy must comply  
 with applicable zoning  
 district requirements.  
 Failure to do so is a  
 violation of COSL  
 Development Code.**

**NAME CHANGE/CHANGE OF OWNER APPLICATION**

DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**ADDRESS AND OCCUPANT INFORMATION**

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

SUGAR LAND, TEXAS \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

MANAGER: \_\_\_\_\_ (LOCATION) PHONE: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ (HOME) PHONE: (\_\_\_\_) \_\_\_\_\_

(CELL) PHONE: (\_\_\_\_) \_\_\_\_\_

**PROPERTY OWNER/LEASING AGENCY INFORMATION**

OWNER/LEASE AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ DESCRIBE THE USE OF THIS LOCATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANTSIGNATURE****DATE**

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**OFFICIAL USE ONLY**DEPARTMENT

APPROVED

REJECTED

OFFICIAL

DATE

BUILDING

\_\_\_\_\_

\_\_\_\_\_

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FIRE

\_\_\_\_\_

\_\_\_\_\_

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HEALTH

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P &amp; Z APPROVAL \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_ SIC CODE: \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_

**PERMIT FEE**